



Eye Care Insight

Fall/Winter 2008

BAPTIST EYE SURGEONS



... A Commitment to Lifestyle

Our Physicians are Board Certified by the American Board of Ophthalmology

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Two Convenient Locations

Baptist Eye Institute

2020 Kay Street
Knoxville, TN 37920
865-579-3920

Tennessee Valley Eye Center

140 Capital Drive
Knoxville, TN 37922
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Visit our Website:
www.baptisteye.com

Committed to Our Patients

Baptist Eye Surgeons looks forward to the next 20 years of outstanding, comprehensive service to the Knoxville area.

By Darin Smith, M.D.

During 2008, we all have experienced a great deal of change. As an American, you have witnessed dramatic economic uncertainty and political change. As a Baptist Eye Surgeons' patient, you probably have noticed changes surrounding the Baptist Hospital and the Baptist Eye Institute.



Darin S. Smith, MD
Cataract & refractive surgery,
general ophthalmology

Mercy Health Partners (formerly St. Mary's and Baptist hospitals) closed a substantial portion of the downtown Baptist hospital in July. This decision in no way threatens the ongoing viability of the Baptist Eye Institute or any of the Baptist Eye Surgeons. Baptist Eye Surgeons PLLC is independently owned by my partners and me. We have no plans to move, and The Baptist Eye Institute will continue to carry on its tradition of excellence in eye care.

Initially, there was some concern that Interstate 40 construction in downtown Knoxville might create difficulty getting to the Baptist Eye Institute. Fortunately, we've discovered that the I-40 rerouting has not been a problem whatsoever.

One change that everyone agrees has been for the better is that parking is now free at the Baptist Eye Institute in downtown Knoxville, just as it always has been at the Tennessee Valley Eye Center in West Knoxville.

While change brings uncertainty, it also brings opportunity to do things better. For the Baptist Eye Surgeons, this has been a year where the new technology intraocular lenses for cataract surgery have taken off dramatically. More and more patients are selecting astigmatism and presbyopia correcting lenses. My partners and I are very enthusiastic about these advances, and we are committed to ensuring that you always have access to the best technology, care, and service.

For more than 20 years, the Baptist Eye Surgeons have offered comprehensive medical and surgical eye care aimed at restoring or preserving the gift of sight. We are committed to outstanding care for every patient – from routine eye examinations to diagnosis, treatment, management, or surgery for eye disease. We look forward to the next 20 years and sincerely appreciate all that you have done to make us so successful.

Flashers and Floaters:

What You Need to Know

The eye is filled with a clear jelly called the vitreous gel. The vitreous gel inflates the back part of the eye in the way that water inflates a water balloon.

As we age, the vitreous gel begins to dissolve into a more watery form. Once enough of the vitreous gel has dissolved – usually when we are in our late 50's or early 60's – the gel pulls free of its attachments to the back of the eye. This sudden and often dramatic event – called a posterior vitreous detachment – often causes a number of symptoms that can be alarming.

One common symptom of a posterior vitreous detachment is the appearance of floaters. Floaters are exactly what they sound like – tiny bits of debris that appear when the vitreous gel separated from the back of the eye. These bits of cloudy debris float in the liquefied vitreous like snow in a snow globe. If you have a single small floater, you may have the sensation that a bug is flying in your face. Often in eyes with posterior vitreous detachments, the floaters are bigger and somewhat stringy, and you may describe it as a spider web or cobweb in your vision. Typically, these floaters will move around in your vision, especially when you move your eyes around. Floaters usually do not stay in exactly the same spot in your vision.



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Left, a doctor uses an indirect ophthalmoscope to examine the inside of the eye for flashers and floaters.

Another common symptom of a posterior vitreous detachment is seeing flashing lights in the very periphery of your vision. As the vitreous gel pulls loose from the back of the eye, it tugs on the wallpaper lining the back of the eye. This wallpaper is called the retina. The retina is a thin layer and is like the film of a camera—it is the light-sensing part of the eye. When the retina is tugged on, it generates the sensation of flashing lights in the periphery of your vision.

Floaters are often annoying but not usually a threat to vision. But flashing lights can be a more worrisome sign. Sometimes when the vitreous tugs on the retina as it is pulling loose, it can pull so hard that it makes small rips or tears in the retina. The liquefied vitreous can then pass through the hole and cause the retina to come loose from the back of the eye as well. This

is called a retinal detachment. If you have a retinal detachment, you may notice sections of your vision disappearing, as if a curtain or veil is covering parts of your vision. A retinal detachment is an emergency and often requires surgery to repair.

If you have the sudden onset of new floaters in your vision and/or flashing lights in the periphery of your vision, call your eye doctor immediately to arrange a prompt examination. During this examination, your pupils will be dilated to examine your retina to make sure there is no retinal detachment. While they are uncommon, retinal detachments can cause vision loss, and repairing them quickly is the best way to save your vision.

Parts of the Eye

The eye is a very complex organ, with many important parts. To work properly and provide normal vision, every part of the eye must be normal and healthy.

When you look at something—for instance, a flower—rays of light bounce off the flower and enter the eye through the cornea (see illustration). The cornea is a clear window on the front of the eye. The light rays pass through the pupil, which is an opening in the middle of the iris. The iris is the part of the eye that determines eye color. Once through the pupil, the light rays are focused by the lens to pass through the clear vitreous gel (which inflates the eye) to reach the retina, where information about the flower is detected and signals are sent through the optic nerve to tell the brain what the flower looks like.

An abnormality of any part of the eye can affect sight. The cornea can become cloudy or irregular, preventing light rays from entering. Dry eye is a common condition that makes the cornea irregular. This causes light rays to bounce off the cornea instead of entering the eye, which reduces vision. Treatments that moisturize the eye, such as lubricating drops or punctal plugs, can smooth out the irregularities and improve vision. Some uncommon problems, such as swelling or infections of the cornea, can make the cornea cloudy, preventing light from entering the eye. If scarring occurs, a corneal transplant is sometimes needed to restore the cornea's clarity.

The lens of the eye is a clear structure that focuses light on the retina. When

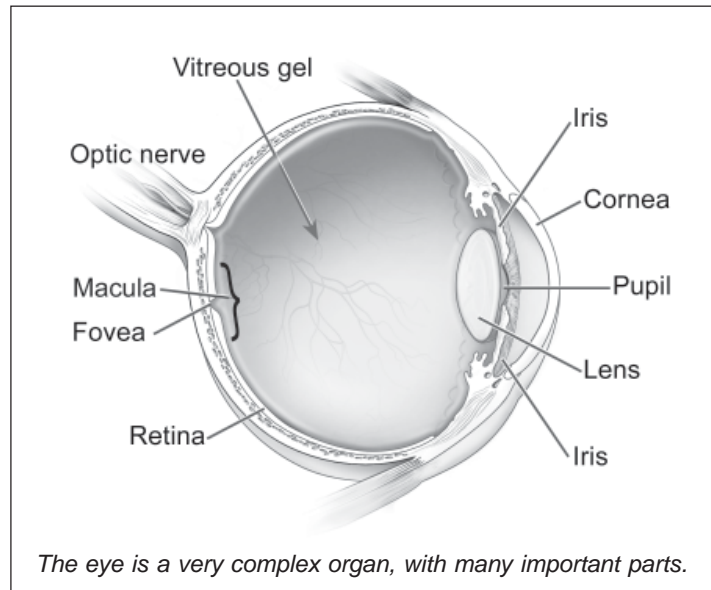


Photo Credit:
National Eye Institute,
National Institutes of Health

we are young, the lens can change its shape to help us focus on objects that are far away or close by. As we reach our 40s, the lens begins to harden and we lose the ability to see up close. Reading glasses or bifocals easily correct this problem. As we get even older, into our 60's and 70s, the lens becomes cloudy and prevents light from passing through. A cloudy lens is called a cataract. Often cataracts must be removed—and an artificial lens implanted—to restore vision.

Once the light has passed through the cornea and is focused by the lens, it

To work properly and provide normal vision, every part of the eye must be normal and healthy.

passes through the clear vitreous gel to reach the retina. The retina is the wallpaper that lines the back of the eye, and is like the film in a camera—it is where the picture is made. Once the picture is made on the retina, the optic nerve carries the picture to the brain. All of our fine, straight-ahead vision is handled by the central part of the retina, called the macula. Any condition that affects the macula can reduce vision. Common problems with the macula include macular degeneration, a common condition of aging, and macular swelling, which can occur in diabetics or after cataract surgery. Medications and laser therapy can sometimes improve vision in eyes with disorders of the macula.

The optic nerve carries vision information from the eye to the brain. Problems with the optic nerve can also reduce vision. These include strokes of the optic nerve, as well as inflammation and swelling, which is often seen in people with multiple sclerosis. Because the optic nerve is part of the brain, damage to it is often permanent and results in permanent vision loss.

Meet the Baptist Eye Surgeons Team of Physicians

EXCELLENCE IN EYE CARE

All members of the Baptist Eye Surgeons physician team are board certified by the American Board of Ophthalmology.



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Baptist Eye Surgeons: Office Locations

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